

The Commonwealth of Massachusetts
Division of Health Professions Licensure

Board of Registration in Dentistry

239 Causeway Street, 5th Floor

Boston, MA 02114

(617)727-9928

www.mass.gov/dpl/boards/dn

BOARD USE ONLY

Board: _____

License#: _____

Type: _____

Cash#: _____

Cash Date: _____

Please attach recent passport size

2 X 2

photograph here

**DENTAL-PARTICIPANT IN NORTHEAST REGIONAL BOARD EXAMINATION
APPLICATION**

1. Applicant Name: _____
Last First Middle

2. Former Name: _____

3. Date of Birth: _____ Place of Birth: _____

BOARD USE ONLY

Status Code: _____

Issue Date: _____

Lic. Exp. Date: _____

4. Permanent Address: _____
No. Street Apt.#

City/Town State Zip Code

5. Business Address: _____
No. Street Apt.#

City/Town State Zip Code

6. Telephone Number-Day: _____ Evening: _____

7. SOCIAL SECURITY NUMBER (MANDATORY) _____ - _____ - _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

8. Graduate of: _____
Name of institution Location

9. Date Diploma or Certificate Conferred on _____ 19____ Degree: _____

10. Documentary Proof of Dental Education Must Be Filed With This Application.

11. Documentary Proof of National Board Certification Must Accompany Application.

12. I have taken N.E.R.B.: _____
Date

13. This is my first request for registration in Massachusetts. _____ Yes _____ No

14. List registrations in all other states with issue and current status. A certificate of standing from each state in which you were licensed, indicating the status of your license and any relevant disciplinary information, must be submitted to the Board with this application.

15. Has any disciplinary action been taken against you by a licensing board in another state? _____ Yes _____ No
If yes, please state the details (use separate sheet if necessary).

16. Are you the subject of pending disciplinary actions or pending complaints by a licensing board in another state? _____ Yes _____ No If yes, please state the details (use a separate sheet if necessary).

17. Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state? _____ Yes _____ No If yes, please state the details (use a separate sheet if necessary).

18. Have you ever applied for and been denied a professional license in another state? _____ Yes _____ No
If yes, please state the details (use separate sheet if necessary)

19. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? _____ Yes _____ No

If yes, please state the details (use separate sheet if necessary)

20. We, the undersigned registered dentists, are personally acquainted with _____, the applicant named in the application, and recommend him/her as a person of good moral character.

a. Name _____
Print Name Sign Name
Address _____

b. Name _____
Print Name Sign Name
Address _____

21. I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to G.L. c. 119, s. 51A, I understand my obligation to report the abuse and neglect of children.

Signature of applicant Date

WALL CERTIFICATE: Please state name as you wish it to appear on wall certificate.

First Middle Last

Address certificate should be mailed to:

Street _____

City, State, Zip Code _____

OFFICE USE ONLY

Fee Received: _____

Date of passing NERB _____

Exam# _____

Date certified in Massachusetts _____



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REQUIREMENTS FOR LICENSURE FOR DENTISTS

- 1) Proof of Graduation-** Original transcript with seal or original letter from dental or dental hygiene school indicating date of issuance of diploma. PHOTOCOPY NOT ACCEPTED.
- 2) National Board Certification-** Photocopy of certificate or original National Board Card acceptable.
- 3) North East Regional Board-** It is not necessary to send NERB scores as they are sent directly
by NERB to the Board. NERB eligibility for dentists is good for 5 years from the test score publication date, CORE 1995 only.
- 4) Physician's Statement-** Examination must have been completed within 6 months.
- 5) Photograph-** Attach to first page at top.
- 6) Application and License Fee-** Check payable to the Commonwealth of Massachusetts for \$440.00 must accompany application. Only upon denial of application will the licensing portion of the fee, \$240.00 be refunded.

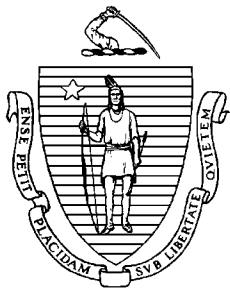
Requirements numbered 7, 8, and 9 apply only to those applicants who have been licensed in another state.

- 7) Letter of Standing from State Dental Board-** A letter stating license status and whether or not any discipline has ever been taken must be sent from each state you are now or ever have been licensed in.
- 8) Practice History-** If you have been in dental practice, include a resume or practice history.
- 9) Data Bank Self-Query-** To perform a self query please contact the National Practitioner Data Bank at 1-800-767-6732 or contact their website at www.npdb.com.

We need the original report form that you will receive from NPDB so
Be sure to make a copy for your records.

10) Ethics and Jurisprudence Exam

The Ethics and Jurisprudence Exam is based on 1. The Dental Laws and 2. The Dental Rules and Regulations (234 CMR) of the state of Massachusetts. Both documents are available from the State House Book Store, Room 116, Boston, MA 02133 for a small fee. Please call (617) 727-2834 to find out the exact amount and send a check made payable to the Commonwealth of Massachusetts to the above listed address. The exam itself can be obtained by calling our office at (617) 727-0084 or (617) 727-2243 and one will be sent to you at no charge. Once you have completed this exam include it with your application. Do not take the exam until you have reviewed the Dental Laws and Dental Rules and Regulations booklets.



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GENERAL INFORMATION

PRESCRIPTION WRITING PRIVILEGES

A state Controlled Substance Certificate is required before a Federal (DEA) Controlled Substance Certificate can be issued.

Application for Massachusetts
Controlled Substance Certificate
may be obtained from:
Department of Public Health
Division of Food and Drugs
Room 219
305 South Street
Jamaica Plain, MA 02130
(617)522-3700

Application for Federal (DEA) Controlled
Substance Certificate may be obtained
from:
U.S. Dept. of Justice
Drug Enforcement Agency
50 Staniford Street, Suite 200
Boston, MA 02114
Main Number (617) 557-2100

RADIATION CONTROL

MGL Ch. 119 s. 51A requires that each person that intends to acquire a source ionizing radiation, such as a machine, shall apply to the Department of Public Health, Radiation Control Program to register such facility. Application may be obtained from Radiation Control Program, P.O. Box 309, Essex Station, Boston, MA 02112 (617) 727-6214.

REPORTING SUSPECTED CHILD ABUSE

MGL Ch. 119 s. 51A requires dentists to immediately make a report to the Department of Social Services when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering serious physical or emotional injury as a result of abuse or neglect by a caretaker including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth. **CHILD AT RISK**
HOTLINE NUMBER 1-800-792-5200.

CORPORATIONS

To form a corporation you must first obtain a form called The Certificate by Regulatory Board from the Secretary of States' office (617) 727-2828. Once this form is completed you should bring it or mail it to our office. We will date stamp, sign it, and make a copy for our records then give you back the original. Please include a check or money order made out to The Commonwealth of Massachusetts for \$10.00 per each dentist.

CHANGE OF ADDRESS

When you move it is essential you notify the Board in writing of your new address especially if you are a student who wants the official state wall certificate or a practitioner who wants to renew his or her license.

RECORDS REQUEST

Massachusetts General Laws Chapter 112, section 12 CC and Board Regulation 234 CMR 2.04 (17) requires dental practitioners to provide, in a timely fashion, a copy (not the originals) of a patient records including radiographs of diagnostic quality. Although a reasonable fee for duplication may be charged, you may not require prior payment of any outstanding balance as a condition for making records available. You may not require a patient to sign any form indicating your release from any professional responsibility. A patient or patient's legal representative may request his or her records. You may ask the patient to put his or her request writing.

RECORDS OF TREATMENT

The Board has noticed in its reviews of patient complaints that many patient records are lacking basic information, such as general periodontal condition, updated periodontal charting, type and quantity of local anesthesia, type and timed duration of general anesthesia, and referrals to other practitioners. You are urged to protect your patients and yourself by keeping informative, accurate records including the aforementioned. If the patient refuses to accept any of your recommendations or does not follow through with your advice, this needs to be documented. The Board considers patient records as vital information in determining what transpired during treatment.

NOTICE

The Board has discovered dentists and dental hygienists working under fraudulent or expired licenses. All supervising dentists are responsible for being certain all employees and associates hold a current valid license. Proof of such must be posted in plain view of patients per Chapter 13, General Laws Section 45.

INFECTION CONTROL

On September 22, 1993 the Board voted to adopt the Center for Disease Control's Infection Control Procedures as published in 1993 and including future amendments as the minimum standards for Massachusetts dental practice. Each office is obligated to follow these procedures. The C.D.C Guidelines may be obtained from: Center for Disease Control, Division of Oral Health, 1600 Clifton Road, Millstop F10, Atlanta, GA 30333, (404) 639 8376.

CONTINUING EDUCATION

The Board reminds all licensees of the importance of completing the mandatory continuing education requirements. New developments in technology and the demands of serving the public health require continuous updating through education. Dental Regulations 234 CMR 5.00 require that licensed dentists complete forty (40) hours per two year renewal cycle. No carryover of credits is allowed from cycle to cycle. Courses are acceptable for credit when they are related to direct patient care. Courses such as practice management or financial management are not acceptable. It is the responsibility of each licensee to maintain an authenticated record of all continuing education activity completed and to submit it to the Board only if requested. These records, as noted in 234 CMR 5.04 (4) (b), must be retained for a period of three (3) years or until the license of the dentist has been reviewed. Licensees can expect to have their two (2) years of education audited randomly, upon site inspection or when appearing before the Board. If you do not meet CEU requirements, you **MUST** notify the Board in writing prior to signing the renewal form. Disciplinary action may result for failure to fulfill CEU requirements.